



PTO/SB/83 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035
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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/455,486
Filing Date	December 6, 1999
First Named Inventor	Daniel E. AFAR
Art Unit	1642
Examiner Name	G. B. Nickol
Attorney Docket Number	511582001620

Commissioner for Patents

To: P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number 25225

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

This withdrawal is being made at the request of the applicant.

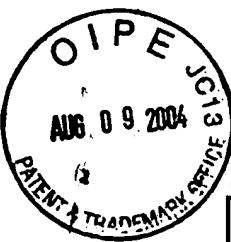
CORRESPONDENCE ADDRESS

- The correspondence address is NOT affected by this withdrawal.
- Change the correspondence address and direct all future correspondence to:

 Customer Number: **OR** Firm or Individual Name **Mark T. Kresnak, Esq.**

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Name	Kate H. Murashige			
Signature	<i>Kate H. Murashige</i>	Registration No.	29,959	
Date	August 5, 2004	Telephone No.	(858) 720-5112	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.



QP-1642
JFW/94

PTO/SB/21 (02-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	4	Application Number	09/455,486
		Filing Date	December 6, 1999
		First Named Inventor	Daniel E. AFAR
		Art Unit	1642
		Examiner Name	G. B. Nickol
		Attorney Docket Number	511582001620

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request to Withdrawal as Attorney or Agent and Change of Correspondence Address (1 page, plus 2 copies) Return Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

Customer No. 25225

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MORRISON & FOERSTER LLP Kate H. Murashige - 29,959
Signature	<i>Kate H. Murashige</i>
Date	August 5, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 5, 2004

Signature: *Matthew Russell* (Matthew Russell)